



Karen C. Handel
Secretary of State

STATE BOARD OF CEMETERIANS C/O
SECURITIES AND BUSINESS REGULATION
2 Martin Luther King, Jr. Drive, S.E.
Ste 802, West Tower
Atlanta, Georgia 30334
(404) 656-3920
<http://www.sos.state.ga.us/securities/>

Robert D. Terry
Division Director

**APPLICATION FOR REGISTRATION
OF BURIAL OR FUNERAL MERCHANDISE DEALER
GEORGIA CEMETERY AND FUNERAL SERVICES ACT OF 2000
(O.C.G.A 10-14-1 ET SEQ.)
Application fee \$100(Pavable to State Board of Cemeterians)**

A. GENERAL INFORMATION

Name of Applicant		Number	Phone Number	
Address		City/County	State	Zip Code
Mailing Address		City/County	State	Zip Code
Telephone Number for applicant's principal business location in Georgia				
Location of all records of applicant which relate to funeral or burial merchandise sales in Georgia:				
Address of records		City/County	State	Zip Code
Person to contact about application:		Contact Phone Number:		
Provide the following information for all locations where burial or funeral merchandise business is conducted in Georgia (attach additional sheets as necessary):				
Business location of merchandise dealer if different from applicant address				
City	County	State	Zip Code	
Mailing address of merchandise dealer if different from applicant address				
City	County	State	Zip Code	
Telephone Number of burial or funeral merchandise dealer if different from applicant's				
Trade Name associated with each location				

B. OWNERSHIP

Date present owner(s) took control:

If applicant is a **CORPORATION**, attach list of officers, registered agent, and address and telephone numbers of each.

If applicant is a **PARTNERSHIP**, attach list of general partners along with address and telephone numbers of each.

If applicant is **OTHER ENTITY**, attach list of individuals of similar authority along with address and telephone numbers and indicate type of entity.

C. THE FOLLOWING DOCUMENTS MUST BE FILED OR ON FILE WITH THE OFFICE OF SECRETARY OF STATE

	Attached	On File	N/A
Certified copy of a certificate of existence or certificate of authority issued in accordance with code section 14-2-128, and any amendments to such documents or any substantially equivalent documents			
Partnership agreement			
A description of any judgment or pending litigation to which the applicant or any affiliate of the applicant is a party and which involves the operation of the applicant's funeral or burial merchandise business in Georgia or which could materially affect the business or assets of the applicant			
Whether the applicant or any affiliate of the applicant owns any other entities in Georgia regulated by this chapter and, if so, the location, mailing address, telephone number, and type of registration of such other entities			
Consent to service of process (Corporate or Individual)			
Director's resolution authorizing consent to service of process			
A balance sheet of the applicant for the end of the most recent fiscal year and in no event dated more than 15 months prior to the date of filing			
A list of each individual employed, appointed, or authorized by the applicant to offer for sale or to sell any burial or funeral merchandise on behalf of the applicant			
A list with the name and address of each person who owns 10% or more of any class of ownership interest in the applicant and the percentage of such interest			
Provide information as to applicant's experience in merchandise installation			

D. BACKGROUND INFORMATION

All yes answers to the following questions must be fully explained as an attachment.
Each explanation should be referenced to a specific question number.

	Yes	NO
1. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been adjudicated civilly or criminally, to have committed fraud or to have violated any law of trade or business practices?		
2. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been convicted of a misdemeanor of which fraud is an essential element or which involves any aspect of the funeral or cemetery business?		
3. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been convicted of a felony?		
4. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, engaged in any unethical or dishonest practices in the funeral or cemetery business?		
5. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been permanently or temporarily enjoined, suspended, or barred by any court of competent jurisdiction or by any state or other jurisdiction from engaging in or continuing any conduct or practice involving any aspect of the funeral or cemetery business?		
6. Is the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?		

I hereby certify that the information contained in this application and the supporting documents attached hereto are true and correct to the best of my knowledge and belief.

Signature:	Print Name:
Title (General Partner, President, or other Executive Officer):	
Notary Public:	My Commission Expires:



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E. CRIMINAL HISTORY BACKGROUND AUTHORIZATION

Attach additional sheets if necessary.
The applicant must provide the following information on each person who owns
controlling interest of the applicant, or burial or funeral merchandise dealer.
Make additional copies of this form as needed.
(Please type or print)

Name:

Title:

Address:

City:

State:

Zip Code:

Date of Birth:

Social Security Number:

The person named above authorizes
the Office of Secretary of State
to conduct a criminal history background.

This

Day of

200

Signature:

Notary Public:

My Commission Expires: